

Food and Consumer Safety Bureau

Telephone: (515) 281-6538

HOME FOOD ESTABLISHMENT LICENSE APPLICATION

Mail completed application to:
Department of Inspections & Appeals
Food and Consumer Safety Bureau
321 E 12th ST FL 3
Des Moines, IA 50319-0083

Date of Application:		
Anticipated Opening Date Has ownership changed since		
last license issued?	[] Yes	[] No
If yes, give previous owner business name		, and
license number:		(if known)

License Fee: \$33.75

Name of Business:		Ownership Type:			
Owner's Name:		Business Phone Number:			
Alternative or Cell Phone		Business E-mai	l Address :		
Physical Business Address:			Suite#	County:	
City:			State:	Zip Code:	
Person-In Charge (onsite)		Title of Person-l	In-Charge		
Person-In-Charge Phone		Person-In-Charg	e Email		
Mailing address for all correspondenc	e, if different than above:				
Attn:		Telephone Numb	per: ()		
Street or Route:	Suite#	City:	State:	Zip code:	
A Home Food Establishment is a larefrigerated or unrefrigerated baker retail outlets. Baked goods that do Home Food License. Baked goods (except meat pies). Sales Type (Select all that apply)	d goods for sale directly not require refrigeration are defined as; <i>breads</i> , a	to household consumer may be sold from the recakes, doughnuts, pastresidence Farmer's r	rs for off premises consu esidence or at a farmer's ies, buns, rolls, cookies,	mption or to other market without a biscuits and pies Mail Order	

License Fee: \$33.75

Applicants Name (Print): _____Applicants Signature: ____

□ □ Biscuits □ □ Pies □ □ Other specify: _____

DO NOT COMPLETE INFORMATION BELOW - FOR OFFICE USE ONLY

 $\underline{\textbf{Product Information}} \text{ (select products prepared): } \square \square \text{ Breads } \square \text{ Cakes } \square \text{Pastries } \square \text{Buns } \square \text{Rolls } \square \text{Cookies}$

Check #	Date Received	Amount Received		
Check Name	Penalty amount	Amount Due		